

FEB 29 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Polk Registration District No. 703
Township Union Primary Registration District No. 4424
City Huntsville, Mo. (No. 1) St. _____ Ward _____

File No. 2641

2. FULL NAME

Alvah Jackson Harris
(a) Residence, No. Collins, Mo. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lois Chapman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March - 31 - 1900
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
27 10 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1
10. Date deceased last worked at this occupation (month and year) 1-1-37 11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (CITY OR TOWN) Sullivan County
(STATE OR COUNTRY) Missouri

13. NAME B. E. Harris

14. BIRTHPLACE (CITY OR TOWN) Sullivan County
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Sarah M. Dealy

16. BIRTHPLACE (CITY OR TOWN) Sullivan County
(STATE OR COUNTRY) Missouri

17. INFORMANT Mr. B. E. Harris
(ADDRESS) Hemington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Osceola, Mo. DATE 1-23-1937

19. UNDERTAKER M. H. Hull
(ADDRESS) Osceola, Mo.

20. FILED Jan 26 1937 Ora M. Rice
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-19, 1937, to 1-23, 1937
I last saw him live on 1-23, 1937. Death is said to have occurred on the date stated above, at 4:05 Am.
The principal cause of death and related causes of importance were as follows:

Infected stab wounds Date of onset 1-19-37

Other contributory causes of importance: 1-14
Septic Peritonitis 1-22-37

Name of operation Removal of wounds Date of 1-19-37
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury 1-19, 1937
Where did injury occur? Osceola, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
In road on street
Manner of injury Knife wounds to throat
Nature of injury Stab & cut, also injury to head by blunt instrument

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) A. J. Buffington, M. D.
(Address) Humboldt, Mo.

Hospital

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

